



HALOGENATED SOLVENT USER REGISTRATION FORM

Company / Agency Name: _____

Mailing Address: _____

(Street or P.O. Box)

(City or Town)

(State)

(Zip)

Estimated quantity of halogenated solvents used annually (in gallons): _____

Waste Disposal Method (check multiples if applicable):

- ☐ Shipment to an approved hazardous waste treatment, storage, or disposal facility
- ☐ Disposal in a licensed sanitary landfill.
- ☐ Discharge to municipal sewer system.
- ☐ On-site disposal (discharge to a septic tank, dry well, lagoon or other industrial sewer).
- ☐ On-site reclamation (distillation, etc.). If you check this category specify the final disposition of still bottoms or other residuals generated from reclamation in "other" category.
- ☐ Shipment to an off-site recycling facility.
- ☐ Other (used space to elaborate on any of the aforementioned disposal option or to describe other disposal methods employed):

Is this registration for multiple sites ? ☐ **Yes (# needed)** _____ ☐ **No**

CERTIFICATION: *I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and believe this information to be true, accurate and complete.*

Name / Title: _____
(Name - please print or type) (Title)

Signature: _____

Name of Contact Person: *(To whom we may direct questions regarding solvent use at your business)*

Contact: _____
(Name - please print or type) (Title)

Telephone for Contact Person: () _____